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IS THE PLAGUE CONTAGIOUS?

[WRITTEN IN MALTA, BY AN AMERICAN GENTLEMAN NOW RESIDING THERE, AND COMMUNICATED FOR THIS JOURNAL.]

"For if fear withheld them from going near one another, they died for want of help, so that many houses became quite desolate for want of needful assistance; and if they ventured, they were gone."
THUCYDIDES.

Is the plague contagious? To the people of the United States this is a question of great importance, and merits a general attention. After several years of residence in the East, after much personal observation of this disease, and some acquaintance with its history in ancient and modern times, we must confess that we are still undecided whether the plague is to be classed among contagious diseases or not. Many medical men of the highest rank have written on this subject, and have entertained totally different opinions, and supported their opinions with such equal plausibility, that the question, perhaps, was never more unsettled than it is at present. We have heard that a congress, to be composed of delegates from all the powers of Europe, is shortly to meet at Florence, for the purpose of investigating the nature of the plague, and to form quarantine laws, which shall not be so detrimental to European commerce as those now in force. Why should not America send a representative to this body, to advocate the interests of our countrymen? As the second commercial nation in the world, with our vessels in every port, and our trade yearly increasing, we should not be backward in seconding the views of the English and French, who, it would appear, are becoming more aware of the folly of long quarantines, and are desirous of having all taxes on their trade reduced, and all unnecessary interruptions removed. No estimate can be made of the amount of money which is yearly wasted by the detention of American vessels, in foreign ports, before they are permitted to discharge their cargoes. If this time can be saved, and all the dues which they are now compelled to pay, avoided, millions of dollars would be saved to our merchants. Should the United States not be represented at this congress? shall we enjoy the benefit of any changes which may how be made in the present imperfect system of quarantine regulations? We fear the jealousy of the other powers might prevent it, and it is our duty to guard against any such occurrence.

In the remarks which we shall now make on the plague, it will be our aim only to give the statements of those, who, from their practice, obser-

vation, or study, are entitled to be heard; and until the question shall be satisfactorily settled, whether this disease is contagious or not, we shall range ourselves on that side, where, if we should err, we should at least have the satisfaction of knowing that our error could produce no harm; and with the contagionists we should advocate every necessary precaution to be used in those places where the plague is wont to range, or where, by inattention at any time, there might be a shadow of a chance for its introduction.

Of all the diseases which flesh is heir to, the plague is the most disgusting in its character, and most fatal in its termination; it is a pestilence which stalketh at noon day, and cuts asunder all the ties of friendship and affection; it has destroyed millions, and made the streets of crowded cities but to serve as avenues to the grave. By its ravages fleets have been made but charnel houses, villages have been depopulated, and armies destroyed. It is a common enemy, a fell destroyer of the human race; against it we should make common cause, and see if its ravages can be stayed—its poisonous seed destroyed. By this disease how many thousands have been

> "Cut off even in the blossom of their sins,
> Unhouselled, unanointed, unannealed,
> No reckoning made, but sent to their account,
> With all their imperfections on their heads."

Yet Christians are idle, while infidels perish. Where had this pestilence its origin? The first account we have seen of it, is by Thucydides, who states that four hundred and thirty years before the Christian era, it was introduced from Ethiopia, into Greece, and from its ravages caused a general mourning at Athens. Procapius also notices this pestilential disorder, which for a period of more than half a century continued to infect all the inhabited places of the known world, first making its appearance at Pelusium, an ancient city in the neighborhood of Damietta, and from thence sweeping along the coasts of Egypt, Syria and Asia. From the information afforded by the Greek historians (whose authority alone we can trust), we are persuaded that the plague had its origin in the countries bordering on Egypt, and that in all ages it has in those quarters had its strong hold and its most deadly character. But why should Egypt be so visited, and her inhabitants so grievously afflicted? In that barren land all maladies have found a nursery, and alike by the ravages of the "*pest*," the cholera and smallpox, have its wandering tribes been smitten. Let the attention of Christians and philanthropists be directed to Egypt; let missionaries be sent, and instruction given to these roaming Arabs; teach them not, in their sufferings, to call on Mahommed, who can yield them no assistance, but to put their trust in God, who alone can be their protection.

Is the plague contagious? Among the distinguished modern writers who have believed it to be so, we would first mention the benevolent Howard, who states that all practitioners in matters of plague, who were living in his time, in the most explicit manner concurred in representing that it might be communicated by the touch "of infected persons or things." He cites, as authorities, Fra Luigi di Paria, of the

plague hospital at Smyrna, where this disorder is always more or less prevalent, who gave it as his decided opinion that the *pest* was communicated by contact, according to all the observations he had been enabled to make for a period of more than eighteen years. Raimond, of Marseilles, was equally positive; he stated that incontestible experience daily proved that it only proceeds from contact. Demollins, of Marseilles, also remarked that in every instance the plague was brought to that city by merchandize, or by persons from beyond sea. Giovannelli, of Leghorn, coincided in this belief, and added that the air could not be the vehicle of the contagion. Dr. Tully is a decided believer in the contagious nature of this sickness, and in his work he says theorists have sometimes hazarded a different opinion from that which he entertains, yet experience has always proved its fallacy. "When the plague existed at Marseilles, in 1720, the French physicians entertained an opinion that it was not contagious, and acted accordingly. What was the result? Sixty thousand people perished in the short space of seven months. At Messina, also, in 1743, where the same opinion was entertained, forty-three thousand died in less than ninety days. Dr. Tully states that in 1593, when this disease carried off, in London, upwards of eleven thousand persons, it was satisfactorily ascertained to have been imported from Alkmaar. In the same city, in 1603, when thirty-six thousand people fell, it was introduced from Ostend. Again, in 1625, it was brought from Denmark, and more than thirty-five thousand of the inhabitants perished. In 1636, it cost thirteen thousand Londoners their lives, and was traced from Leyden. Lastly, it broke out in 1665, and committed much more extensive ravages than on any previous occasion; in a few months sixty-eight thousand of the citizens died, while in the country the numbers who died are unknown. After this grievous disease had terminated, and when but few had escaped, the physicians conceived it was contagious, and established laws of quarantine. From that day to the present the plague has never made its appearance in England—and never will, if proper precautions are used."

This view of Dr. Tully is certainly strong, and deserving of particular attention. One of the strongest arguments to prove that the plague is contagious, is deduced from its history at Malta. This barren rock, which is only fruitful in its population, has, five separate times since its settlement by the knights, been the unfortunate scene of its devastations. In the spring of 1592, some Tuscan gallies, which were cruising in the Levant, captured two Egyptian Merchantmen, and sent them to Malta, on learning that the pest was at Alexandria. Their cargoes of flax proved to be infected, and many of the islanders perished. In 1623 it made its appearance in the house of Paulus Emelius Ramadus, the guardian of the port; the disease soon spread, and its advance was only stopped by the decision of the Grand Master, who ordered those who were ill, and all their families, to be confined in the lazaretto. Forty-five persons, only, died. In 1655, a man who had some communication with a chief from the East, fell ill; as quickly as this was known, all intercourse was forbidden, and out of the house not a single "*accident*" occurred. It was kept within the walls where it originated. The fourth

appearance of the plague at Malta was in 1675, and a little child was its first victim. How it originated could never be discovered; it existed among the inhabitants for seven months, and was of a most fatal character. The Board of Health were unfortunately divided in their opinions as to the nature of the disease. Consequently no precautions were used, and thousands died before the rulers were aware of their danger. It was at this time that the foundation stone was laid for a quarantine establishment on Marsa Muscetto; the buildings have at different periods been enlarged, and at this day the lazaretto of Malta is one of the finest in Europe, as regards it situation and the size of its apartments. During the time this plague existed, out of sixty thousand, the number who dwelt on the island, one sixth part perished.

The fifth and last instance where the Maltese have suffered from this contagion, was in the spring of 1813. The island at that period being under British rule, and the disease being treated by English practitioners, we shall make brief reference to its history. On the 28th of March two brigs under the British, and one under the Spanish flag, arrived at Malta, all from Alexandria, and with foul bills of health. On board of two of the vessels, during the voyage, there had been sudden deaths, and on board the third, at the time of her arrival, two of the crew were dangerously ill. The authorities were satisfied that the plague existed, and placed the St. Nicholas, the only brig of the three which remained in port, under the strictest quarantine; the captain and crew were, on the 29th, removed to the lazaretto. On the 1st of April the commander was taken ill, and the following day the sailor who attended him. On the 7th both died. This proximity of the plague alarmed the Maltese, and meetings were held to devise measures by which its introduction among the inhabitants might be prevented. The government decided, in their wisdom, to quiet the public mind by sending the St. Nicholas back to the port from whence she came, and on the 10th of April, under the escort of "His Majesty's brig Badger," she sailed for Alexandria. This was probably the most unfortunate conclusion to which they could have come, for the moment the vessel left the harbor all precautions ceased, and four thousand six hundred and sixty-eight wretched beings, who were living in fancied security, within a few months *died* of this loathsome disease. On the 16th of April, or within a week after the departure of the St. Nicholas, a young woman, the daughter of a shoemaker, living in Valletta, was taken ill, and although the symptoms were violent, and she died within three days, yet neither her physician, nor the priests who had the body taken into the church, nor her friends, surmised, for a moment, that the complaint of which she had died was the plague. She had scarcely been buried, ere the mother was seized "with a high degree of fever, accompanied with a violent headache, giddiness, and sickness at the stomach." The woman complaining of a severe pain in both groins, the attending physician became alarmed, held a consultation, and reported to the government that it was a case of a very suspicious nature, or, in other words, they feared it was the *pest*. On the 3d of May the symptoms became still more alarming; "and on the 4th, the committee of health reported that

the public health was in imminent danger," and that the shoemaker's wife was dead. On the 5th the husband fell ill, and a general alarm pervaded the minds of all the inhabitants; many hurried into the country, while the seamen fled to their ships. The governor closed the courts, the opera house, and all places of public resort, by a proclamation, and declared that all the officers should only confine themselves to those duties which should be absolutely necessary for the furtherance of the public service.

For ten or twelve days no new case occurred, and the Maltese began to lay aside their fears, and return to Valletta. The government, to put the inhabitants on their guard, published a brief account of the plague at Messina in 1743, to show that the disease might make but little headway for thirty or forty days, might lull the people into a false security, and then break out in all its deadly virulence. These surmises were but too fatally proved; this disease, which for a month was hardly known to be in the city, confined, as it was, to one poor, unfortunate family, showed itself on the 16th of May in all the principal streets of Valletta, and before its ravages were stayed one twentieth part of the whole population perished. The contagion ceased, only, when every family could grieve for a member dead. As the French army, when after a severe engagement they routed their enemies, and were in full pursuit after those who were attempting to escape, cried to their officers for more powder, and more Prussians, so the plague at Malta was extinct for want of victims. Those whom the disease spared, were only left to mourn.

The contagionists believe that the *pest* was introduced into the island by a man of the name of Borg, who received, from some of the health guardians, infected goods, and smuggled them on shore. Others are of a very different belief, and say that the plague could not have been introduced in this way; to prove this assertion, they remark that of all the crew, who were sent to navigate the St. Nicholas to Alexandria, not one was attacked, and the persons who were employed to unload her, also escaped without the least appearance of any illness. Of the truth of this statement there is not the least doubt, and the non-contagionists bring it forward as a strong argument in their favor, and consider it unanswerable. Sir Thomas Maitland arrived at Malta, as governor, on the 5th of October, 1813, and learning that the inhabitants of Casal Curmi would use no precautions against the disease, which was raging among them with all its virulence, sent a body of soldiers to surround the village, and with strict orders not to permit any person to advance five yards beyond its walls. Casal Curmi, as far as related to plague, was put out of the king's peace, and declared under martial law. "So effectually were these laws enforced, that all danger was speedily at an end, retreat was impossible, and the disease, which was treated with a rigid and watchful eye," soon yielded to the measures which were adopted for its destruction.

Again, the author who has written to support his opinion that the plague at this island was contagious, declares that the in abitants of the three cities of Vittoriosa, Singlea and Cospicua, escaped only by their

strict quarantine; and so determined were they to cut off all communication, that even the officers of government were forbidden to mingle among them, when they came from infected places. On the 7th of January, 1814, the whole of Malta was declared free of contagion, save the Casal above named, and Fort Manual, where the diseased were confined. On the 27th, a free pratique was given to the Maltese, no doubt remaining on the governor's mind "of the perfect and permanent suppression of the plague." On the 7th of March Casal Curmi was stated to be free of the *pest*, and the inhabitants were permitted to enter and greet those of their relations or friends who had been spared from the pestilence. Of those who were sought, but few were found, as most of the villagers were tenants of the grave, and many families were totally extinct.

During the whole period that Malta was afflicted, the inhabitants of Goso, a small island situated some twelve or fifteen miles to the north west, wholly escaped, and it was not until the Maltese were declared wholly recovered from the plague, that it showed itself among the Gosotans. This would serve to prove that the malady was contagious, as so long as the quarantines between the two islands were enforced, Goso escaped; but on the day that these were removed, *accidents* occurred among the Gosotans, who mingled with the Maltese. The man who was supposed to have introduced the disease, fell himself a victim. He was presumed to have introduced it by smuggling infected goods which, while confined at Casal Curmi, he had buried. Being permitted to return to his house at Goso, and a native of that island, he carried his death warrant with him. By the determined regulations of the governor, Sir Thomas Maitland, who forbid any intercourse between the two islands, and who sent a strong military force to surround the village where this death had occurred, that no one might escape from its bounds, the pestilence was confined, when it first appeared, and but ninety-six perished, all of whom were residents of Casal Caccia. Among the deceased, and much lamented, was Dr. McAdam, who was the physician to the forces. He conceived that the disease was not contagious, and while administering to others, took the complaint and died.

(To be continued.)

TEMPERANCE AND EXCESS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Your correspondent, in his second article (Vol. XIX., No. 14), has the following remarks: "There is *probably* no country of equal extent, in the world, where the average of human life is so great as in New England. *Probably* the deaths in our country villages do not, on an average, amount to more than one in seventy annually. * * * *Probably* one in six of those born in New England live to the age of seventy, and perhaps one in ten to that of eighty years. True," he immediately adds, "there may be among us fewer instances of extreme longevity, or of those who survive and pass their hundreth year, than in some other countries; but this is not inconsistent with the facts I have

stated." Unquestionably not, *if facts indeed they were*, but there is the difficulty. *They are not facts.* The writer himself, though he calls them facts, has given us no evidence that they are so—indeed he prefaces every one of them with a "probably," as will be seen by a recurrence to the quotation, where I have marked those *doubtfuls* by italicizing them.

Now I was brought up, Mr. Editor, and continued to reside, till nearly thirty years of age, in a town adjoining to that in which your correspondent, to whom I refer, now resides, and therefore my observations have been made on the very same region of New England, and almost the selfsame people. Yet I have come to very different conclusions. I will not undertake to say that whenever and wherever we differ, my friend is always wrong; but I will affirm, that leaving my own superior age and phrenological structure out of view, I have had at least as *good* an opportunity of coming at the truth as he has.

From my earliest youth I was accustomed to observe the very facts on which we both rest, and to keep a record of births, deaths, &c. And I remember, in particular, some of my early conclusions, one of which was that Morse, in his Universal Geography, must be incorrect when he says of the inhabitants of New England, "it is estimated that about one in seven of the inhabitants lives to the age of 70 years, and about one in thirteen or fourteen lives to the age of 80 and upwards." But I did not observe, at that time, that the venerable geographer prefaced his statement, not exactly, like your correspondent, with a *probably*, above all with *three* probablies, but with "it is estimated," which, however, amounts to nearly the same thing. I had not learned, then, to what an extent even our great men are mere retailers of hearsay, or at most compilers of facts which others have collected, including, of course, many things which go by the name of facts, but which in truth are not so.

To be brief. From a long course of observation and examination, I was led to the conclusion that not more than one person in ten lives to seventy years of age, and not more than one in sixteen or eighteen, to eighty. Yet your correspondent, not satisfied with his first conclusion, that "probably" one in six reaches seventy, and one in ten, eighty, tells us in a subsequent number he has consulted Bancroft's History of the United States, and finds that "more than one in five, full four in nineteen, attain the age of seventy;" and that "a friend of his, curious in such matters (observe the authority, reader), has made inquiry, and has found that of all those born in this neighborhood (the writer's), full one in four lives to the age of seventy." It is not for me to quarrel with Mr. Bancroft's statement, or with Dr. Morse's *hearsay*, or your correspondent's *friend*; but truth compels me to say that within my own range of *observation*, the *facts* are otherwise. And if it should be conjectured that those observations were made on an unhealthy section of country, I believe that even your correspondent would be willing to testify to the contrary; and that no part of New England is more distinguished for its healthiness.

Thus much for the data with which your correspondent sets out, and

on which he grounds his sweeping conclusions, that there is probably (?) no country of equal extent in the world where the average of human life is as great as in New England;" and that "not only are the New Englanders long lived, but they are, as a body, healthy, hardy, stout, muscular, fully developed in body, and well formed," "especially the agricultural portion of them;" in which particulars, he adds, "there is no people that excels them." Thus much, too, for the confidence which he now begins to assume, having so many *probabilities* to stand upon, and with which he propounds the following question: "How does it happen that the very people who eat a greater proportion of flesh than any other, and whose habits are consequently worse than any other, have, at the same time, better health, longer life, more robust bodies, and a little shrewder minds, than any other?"

Now it would be better, far better, for the side of your correspondent, if the assumptions contained in the question, propounded, as it is, in a tone of evident triumph, were more fully sustained by facts, or even by sound argument. Were it so, it would become my duty either to be silent and acknowledge it to be unanswerable, or to meet it with fact and argument having a different bearing. As it is, I hardly need to confront it by anything but assertion; all else would be gratuitous. Nevertheless, for form's sake, at least, I will bring together a few authorities, as well as present the example of one nation—a nation, too, which we are wont to despise—as by no means second to the New Englanders.

The facts I would present relate solely to the duration of life in different countries. The average annual mortality in the United States is usually placed at 1 in 40. New England may vary a little from this, though it is presumed not much. We will suppose it, however, to be 1 in 41. But the mortality of England and Wales is only 1 in 58; the Pays du Vaud, 1 in 49; Sweden, 1 in 48; Holland, 1 in 48; and Russia, 1 in 41. I suppose it will not be said that these countries are smaller than New England; but if not, what is the inference? I know we are all apt to be partial to our own country and climate; but it ill becomes us to suffer these partialities to bias our public statements.

"Hundreds of thousands—we might say millions—of the Irish do not see flesh meat, or fish, from one week's end to the other. Potatoes and oatmeal are their articles of food; if milk can be added, it is thought a luxury: yet where shall we find a more healthy and robust population, or one more enduring of bodily fatigue, and exhibiting more mental vivacity?"*

How does this testimony—for testimony it certainly is—accord with the views of your flesh-eating correspondent. Will he any longer say that the New Englanders have better bodies and minds than any other people, when the despised, potato-eating Irish are at least their equals, if not their superiors? And what will he say to the statistics of the mean annual mortality of different countries?

Your correspondent admits that the "New Englanders are what may be called the freest and best livers on the globe, and even makes his boast of it. Yet he denies that eating too much, especially among our

* Journal of Health, edited by Drs. Bell and Condie, Vol. I., page 7.

agricultural people, is one of our great national evils. Yet herein his views certainly conflict with those of our wisest and best philosophers and medical men, from Franklin and Rush down to Caldwell and Combe, and Warren and Mussey. The concurrent testimony of all—I believe I may say, without a solitary exception, your incognito correspondent alone excepted—is that, as a people, we eat and drink a great deal too much; and it is the decided opinion of nearly all, that we eat at least twice as much as our best physical, intellectual and moral interests require. How, then, is it that we are told that excessive eating is not "a great national evil"?

Here permit me to say that I was brought up in the midst of the robust agricultural population alluded to, and had an opportunity of witnessing its customs and modes of life. It was my lot, moreover, to be a medical practitioner for several years among this very population. I am not fond of making my own experience the measure of everything, your correspondent to the contrary notwithstanding; but I *have* a right —and am disposed to use it—to set personal observation and experience against personal observation and experience. Now I have found this very people as much addicted to the "sin" of excessive alimentation as any other people I have ever known. I will not say *more* so, though I am not sure but I might, with truth, go even thus far. But I will say —and I must do it, if I speak the whole truth—that I do not recollect half a dozen farmers above thirty-five years of age, and not one above forty-five, in perfect health, their *good habits* to the contrary notwithstanding.

There is a fallacy often connected with our observations on this subject. Man, everywhere, is a bundle of habits; some good, some bad. This is as true of physical habits as of moral ones, and as true in New England as elsewhere. Though the inhabitants so generally indulge their appetites to excess, yet have they many good habits to counterbalance this single bad habit, or rather this single set of bad habits. Thus we find that, as a general fact, they breathe the pure air, are industrious and cheerful, and retire early and rise early. In addition to the fact that they are generally cheerful, it may also be observed that they are usually free from those causes of trouble and anxiety which "wear and tear" the mind and greatly favor premature disease and decrepitude. Besides all this, they are descended from a healthy stock. Their ancestors, two or three generations back, did not run into excess, as do their descendants; and the abuses to which I allude do not, in the course of Divine Providence, destroy a people at once. That they are at present, however, rapidly degenerating, from some cause or causes, will not, it is believed, be denied, even by your correspondent himself; and I have not a doubt, in my own mind, that excessive alimentation is one of the most fruitful causes of this degeneracy.

I have said that in the progress of my observation and experience, as a medical man, in one of the healthiest sections of country in New England, I did not find half a dozen farmers over 35, and not one over 45, who were healthy. Their full habits of eating, joined sometimes to their cider and cider-brandy drinking, and sometimes without either,

usually bring on rheumatism, gout, chronic diarrhœa, dyspepsia or liver complaint. The first and the last of these diseases are most common; and all, except the gout, are, to a very great extent, caused by eating too much.

Perhaps I should have added that, for various reasons, females do not so often eat to excess as males. Nevertheless, I believe the majority even of that sex go farther in this respect than the best interests of our complex nature require. Yours, &c.

Dedham, Dec., 1839. Wm. A. Alcott.

ON THE CONTAGION OF SMALLPOX DURING THE YEAR 1836, IN THE CIRCLE OF HIRSCHBERG, IN GERMANY. By Dr. Schaeffer.

[Translated for the Boston Medical and Surgical Journal.]

The conclusions to be deduced from this little memoir, are as follows:

1st. Vaccination, as a preservative against the smallpox, appears to be in an exact proportion with the number of vaccine cicatrices; thus, out of 43 vaccinated individuals who have afterwards contracted the varioloid, only 130 cicatrices have been found; while in 38 *vaccinated individuals*, who have not contracted the disease, though in a high degree exposed to it, 211 have been counted.

2d. Vaccina is very far from having the same preservative virtues in different individuals. In some a single cicatrice has sufficed to guarantee them against the smallpox; while others, on the contrary, showing as many as six, have been attacked with the most strongly-characterized smallpox.

3d. It is very difficult, almost impossible, to give any characteristic indications of the true cicatrices. Out of 43 vaccinated patients who have had the smallpox, 14 have shown the proper cicatrice marks; in 25 they were more or less regular; in 4 they could no longer be discovered; on the contrary, in 38 *vaccinated persons* who did not take the disease, 34 had the regular cicatrices, 3 had them more or less characterized, and in 1 they no longer existed.

4th. The greatest number of vaccinated persons who have taken the varioloid, has been between the ages of 10 and 30 years. The severity of the malady was in exact proportion with the time elapsed since vaccination. It is nevertheless to be remarked that the age between 10 and 30 is most *disposed* to the contagion, and that in general the disease is severest in persons most advanced. In one case the varioloid declared itself in an adult person immediately after a *thorough* vaccination; in another it showed itself lightly on the 8th day after vaccination, which was not *retarded* in its progress. Again, other vaccinated individuals, from 25 to 32, have not been infected.

5th. A great number of persons have been submitted to re-vaccination, of which not one has afterwards contracted the smallpox, neither have any of those on whom re-vaccination was performed without success, afterwards been affected by the disease, although in immediate contact with it. A certain proof that when re-vaccination does not take, the liability to the contagion has become extinct.

FORMATION OF AN ARTIFICIAL ANUS.

A CASE has been lately reported in which M. Amussat, of Paris, succeeded in establishing an artificial anus in the lumbar region of a lady affected with obstinate constipation. The same enterprising surgeon has more recently performed the same operation with nearly equal success, as the following account, from the French Medical Gazette and Lancet, will show.

M. T., 62 years of age, was affected with piles and constipation for several years. On examination of the rectum, it was discovered that a carcinomatous ulceration occupied the gut, about two and a half inches above the sphincter, nearly obliterating the cavity, and extending upwards for an inch and three quarters. This state of the intestine was recognized by several medical men in consultation, and the means of alleviation were discussed. Dilatation and the ligature were rejected. Excision of the carcinomatous ring was also rejected, as any hemorrhage might prove fatal to the patient, who was already reduced to the lowest state. After much deliberation, it was proposed to break up (broyer) the tumor, and this operation was performed by M. Amussat, on the 30th of May last, with a long pair of forceps, by which the most prominent granulations were crushed and removed. But little blood was lost, and the patient experienced hardly any pain. A current of cold water was now thrown into the rectum, to prevent, if possible, the development of inflammation; and, after a lapse of eight days, it was decided to cauterize the parts. Accordingly M. Amussat applied the caustic potass at seven different times, by means of the speculum, an interval of three or four days being allowed to intervene between each application. No signs of inflamination about the bladder or peritoneum were thus produced, and the cancerous tumor was reduced to nearly one half of its original volume. The patient's state, however, became gradually worse. An evacuation of the bowels took place only once every ten or twelve days, and was attended, each time, with a prostration of strength, often terminating in fainting fits. The skin covering the sacrum was on the point of ulcerating.

Under these discouraging circumstances, another consultation was held on the 13th of July, when it was unanimously determined to give the patient the chance of an operation for artificial anus. M. Amussat made an incision four inches and a half in length, along the middle of the space comprised between the last false rib and the crista ilei, beginning at a distance of about four inches from the spinous processes of the vertebræ. The rest of the operation was completed in the manner we have before described. At the anterior angle of the wound a membranous projection presented itself, and beneath this seemed to lie the small intestines.

The sigmoid flexure of the colon was firmly contracted, and nearly covered by the quadratus lumborum muscle, the fibres of which were divided transversely. The intestine was now seized, with the necessary precautions, and the posterior half of the circumference divided. Some gas and scybalæ escaped. The colon was then drawn to the anterior

edge of the wound, and fixed there by four points of suture. Three other stitches were applied to the edges of the wound, care being taken to leave the portion which corresponded with the gut perfectly free. The operation was not productive of any general accidents, but the opening did not give passport to the fæcal matter, until the 18th of July, when an abundant evacuation took place through it. The opening was now gradually dilated by means of prepared sponge and bougies.

Since then the passage of fæces through the artificial anus has been considerably facilitated. The patient's general health has also so much improved, that he was able to return to the country; the hectic fever had disappeared, and a regular evacuation took place daily. On the 18th of August he was examined by M. Amussat and several other surgeons, who found that the disease of the rectum had not made any progress since the operation; and on the 22d of September, M. Amussat had a letter from the patient, announcing that he was able to walk about every day for an hour and a half, without any inconvenience.

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BOSTON, JANUARY 1, 1840.

ELEMENTS OF PATHOLOGICAL ANATOMY.

Not many weeks ago, a notice was given of the appearance of this finished and truly splendid production from the pen of Dr. Gross, of Cincinnati. In calling the attention of our many readers to a second examination of the claims which a native work has upon them, for patronage, we have no other interest to serve than that of the whole profession, who cannot be indifferent to the progress of any measures which place in their hands, and at their disposal, new powers, new agents, and unlooked-for prospects of success in the practice of physic. He must be a perverse navigator, who sails amongst shoals, quicksands and breakers, regardless of the dangers which threaten him at every point of the compass, when charts might be had by asking for them, and pilots are proffering their services within hailing distance. We apprehend that our professional friends do not sufficiently appreciate the invaluable services of our own native authors. They write under the advantages of a thorough acquaintance with the variable character of our climate, the influence of our laws and institutions on the minds and temperaments of the people; and, in connection with all this, they bring all that they have acquired of a foreign origin, to bear with greater force, in illustrating physical derangement, and the causes of those maladies which lie concealed in deep-seated organs, beyond the ken of vision or the reach of such instruments as art has placed at their command.

This great undertaking by Prof. Gross, of elaborating two volumes, in which the whole field of pathological anatomy has been surveyed under the skilful eye of a master, cannot be passed by with indifference, or the work take its rest upon the shelf before its pages have been most carefully and minutely studied. It is not, indeed, of a character to be easily forgotten—but through the hurly-burly of every-day life, which

characterizes the physician's course in this new country, where everything, even to the mountains, must move, or be trodden down by the multitude that is rushing onward, there is danger of having it too long overlooked.

With the addition of the second volume, which has been a little delayed, we are put in possession of not only a valuable treatise, but a beautifully executed specimen of copper-plate printing, xylography and typography. Dr. Gross commences the first volume with a dissertation on the general principles of pathological anatomy, embraced under the natural divisions of inflammation, effusion of serum, lymphization, suppuration, hemorrhage, softening, gangrene, ulceration, granulation, cicatrization, induration, hypertrophy, atrophy, transformations, hydatids, serous cysts and heterologous formations. These topics occupy one volume of 518 large octavo pages, subdivided into seventeen chapters. There is a large amount of matter brought to a focus on every leaf, and where marginal diagrams are interspersed, we feel that Dr. Gross has neglected no attractive method by which the text may be clearly and comprehensively understood in its details.

Volume second, in which the learned author has exerted the strength of a vigorous intellect, is devoted to *special pathological anatomy*. There are fourteen chapters in this division of the subject. The first embraces the consideration of the thymus gland, &c. Then, in orderly succession, are presented the thyroid gland; the respiratory apparatus, the heart and its membranes; the nasal, maxillary and frontal sinuses; the mouth, pharynx and œsophagus; the peritoneum; the biliary apparatus; the spleen; the pancreas; the urinary apparatus; and, lastly, two elaborate chapters on the organs of reproduction.

Thus, imperfectly, we have attempted to show the method by which Dr. Gross approached the field in which he has toiled with such distinguished success. In ostensibly constructing a guide book for those less conversant than himself with the intricacies of the labyrinth through which he has been travelling, he has raised a monument to his own fame that will transmit his name to posterity, as a bright example of the triumphs of industry; while it will prove that the far West, in the infancy of our country, is a genial region for intellectual attainments, and for the diffusion of useful knowledge.

Smallpox and Vaccination.—Timothy L. Jennison, M.D., of Cambridge, Mass., writes: "Dec. 17, 1839—About 500 cases of smallpox were under my care in 1792. My views of it were much enlightened by vaccination. The manner in which vaccination was introduced and persisted in led me to uncertainty as to its perpetuity. It is well known that great numbers of all ages, stingy people as well as poor, were 'vaccinated' by nurses and other people who would not be considered competent. I believe many of Dr. Waterhouse's patients were by him 're-vaccinated,' the following year, he doubting if they were effectually protected. It grieves me that 're-vaccination' should be encouraged, or vaccination of healthy, middle-aged people, who had been inoculated with kind, effectual smallpox, in 1792. If vaccination is advised as preventive after such time, inoculated smallpox will be considered ineffectual against natural.—A lady who had inoculated smallpox under my care in 1792, solicited Dr. Waterhouse to vaccinate her. Hastily he complied. In the usual time its effects were evident; some symptoms were more serious than he predicted. Incredulous as to her having had smallpox, he asked me. I was told her arm

was particularly troublesome before she gained a sound skin.—Harlow, a lad, in 1776 had smallpox kindly for that period, in Boston, by inoculation of his leg; recent inoculation of his arm presented more complaints than the first: pustules appeared around the incision."

Medical Almanac.—Many correspondents seem not to understand that the American Medical Almanac is a *periodical*, and, consequently, that the rate of postage is a mere trifle. The volume for 1840 bears the following title, viz.: "The American Medical Almanac for 1840, designed for the daily use of practising physicians, surgeons, students and apothecaries. Being also a pocket memorandum and account book, and general medical directory of the United States and the British Provinces." It is very compactly printed on a beautiful, clear type, and contains, the present year, 152 pages. The amount of matter fully equals any of the London medical almanacs, and many of the articles were expressly prepared for the work by the most eminent medical gentlemen in this country. The readiest method of obtaining a copy is to order it at once by mail, either from the publishers, Marsh, Capen, Lyon & Webb, or of the publisher of this Journal. The medical statistics of Maryland, Pennsylvania, Ohio, Virginia and New York, are brought into a small compass, and yet are sufficiently copious.

Apparatus for Vapor Baths.—The following is a description of a cheap and commodious apparatus for vapor baths, which was lately presented by M. Duval to the Royal Academy of Medicine:—

M. Duval's apparatus consists—

1. Of a spirit lamp, with four wick burners, which contains a decilitre of alcohol at 36 degrees. The centre of the lamp is pierced by a small opening to permit of the escape of the alcoholic vapor.

2. Of a three-footed stand, composed of iron wire, and intended to support the reservoir of water. This latter contains four decilitres of water, and is closely covered in; to the cover, however, is fitted a tube through which the vapor may be conveyed to different parts of the body, and which is furnished with a cock for the purpose of stopping the vapor when necessary. When a general bath is administered the body may be enveloped in a blanket supported on hoops, and the blanket covered with oil-cloth.

The quantity of spirit contained in the lamp is sufficient to keep up combustion during 50 or 60 minutes, at a cost of about *two pence*. The cost of the whole apparatus is not more than two pounds five shillings, while those commonly in use cost not less than from twelve to twenty pounds.—*Bul. de l'Acad. de Med.*

Ventro-vaginal Fistula.—There has been a case of this disease in the hospital, under Mr. Stanley. The disease commenced many years ago. It appears the woman's first labor was very lingering, and sloughing of the vagina followed. A small portion of intestine then descended into the vagina, but not to such an extent as to prevent conception, for she afterwards bore six children. A pessary was then employed, which she wore till it produced retention of the urine, for the relief of which she was admitted into the London Hospital. Some operation was performed to extract the pessary, by which the aperture in the vagina was increased;

and, since then, whenever she stands up, large portions of intestine pass through the os externum. If no bandage be applied, they are of the size of a large child's head. Mr. Stanley wished to pare the edges of the fistula, and thus endeavor to promote either adhesion, or great contraction of the opening. She refused, however, to submit to the operation, and was accordingly discharged.

This case is interesting from its rarity, and the extent of the fistula. It must be exceedingly uncommon, as Madame Boivin, in her work on the diseases of the uterus, does not refer to it.—*London Lancet.*

Medical Miscellany.—Up to Monday evening, Dec. 30th, there had been *thirty-eight* deaths by smallpox in Boston, in December. The disease is evidently abating.—Dr. Cragham has become the owner of the celebrated mammoth cave in Kentucky. It will be recollected that its extent is unknown.—Very frightful and exaggerated accounts of the fatality of smallpox in Boston, have been propagated in the country.—Mr. L. N. Fowler has published a phrenological almanac, of 48 octavo pages, embellished with engravings.—Professor Espy is about publishing his theory of storms, or, in other words, a system of meteorological philosophy.—As long ago as January 27th, 1801, it was published in the American Mercury, at Hartford, Con., that from a record kept at New Milford, for 10 years before, it had been ascertained that the average number of those who had died in the town, annually, was 34 out of a population of 3600. By reckoning for the same period, it appeared that of those born there, or who emigrated to the town, ¼ died under 6 years of age; ½ under 35; 1 out of 6 lived to 70; 1 out of 12 lived to 80; 1 out of 40 lived to 90; 1 out of 1000 lived to the patriarchal age of 100 years.—Dr. Morton's great national work, Crania Americana, has been entirely finished, and will soon be distributed to subscribers in the United States. One hundred copies were sent to London.—Sketches of prominent Surgeons of London and Paris, is the title of a lecture given by Dr. Gibson, of Philadelphia, introductory to the present course in the University of Pennsylvania, and published in the Medical Examiner.—A man died on the 19th at Quebec, of hydrophobia, six weeks after being bitten, and only 36 hours after the symptoms were developed.—The anniversary of the birth of Dr. Spurzheim was celebrated in this city, last evening. A discourse was pronounced by Mr. Geo. Combe, the phrenologist.—Mr. Wakley, editor of the London Lancet, who was chosen coroner not long since, has already found himself in difficulty. He has been complained of for holding unnecessary inquests, but he defends himself manfully in the pages of his own periodical.

MARRIED,—In Canton, Ms. Dr. Ezra Abbott to Miss Harriet M. Lincoln.—At Chicago, Ill., John Brickenhoff, M.D., formerly of New York, to Miss Septima S. Penton.—In Philadelphia, Wm. B. Page, M.D., of Virginia, to Miss Celestine Davis.

DIED,—In Chatham, Conn., Isaac Smith, M.D., 67.

Whole number of deaths in Boston for the week ending Dec. 26, 37. Males, 25—females, 12.

Of consumption, 5—fits, 1—smallpox, 16—infantile, 3—old age, 1—casualty, 1—lung fever, 2—croup, 2—typhous fever, 1—paralysis, 1—apoplexy, 1—canker rash, 1—drowned, 1—debility, 1—disease of the heart, 1—child-bed, 1—inflammation of the lungs, 1—stillborn, 3.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 17th day of February, 1840, and continue three months.

Anatomy and Surgery, by JOSEPH ROBY, M.D.
Theory and Practice of Physic, by JOHN DELAMATER, M.D.
Obstetrics, by EBENEZER WELLS, M.D.
Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing.

Every person becoming a member of this institution, is required *previously* to present *satisfactory* evidence of possessing a good moral character.

The amount of fees for the Lectures is $50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

P. CLEAVELAND, *Secretary.*

Brunswick, Me. Nov., 1839. N 27—eop6t

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
Oct. 9—tf J. MASON WARREN.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
Oct. 31—eptf GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
Oct 9—eop H. G. WILEY, M.D.

THE AMERICAN MEDICAL ALMANAC FOR 1840,

Is now published, and may be obtained at the Journal office. This volume is much larger than the first, and its contents will be found in every respect more complete and useful. Price 75 cents. Copies are done up in paper covers to be sent by mail, the price of which is 62 1-2 cents. The postage, for less than 100 miles, will be only 6 cents—over 100 miles, 10 cents. Dec. 11.

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PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

TREATMENT OF HERNIA.—E. W. LEACH, M.D. Office No. 134 Hanover street, Boston.

References.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

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